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# It Helps To Talk



The 5-minute  
GUIDE  
to better  
communication



Health  
Canada

Santé  
Canada

Canada

*“How do you tell a patient she has breast cancer?”*

*“How can a patient possibly refuse urgent treatment?”*

*“I felt bad when she got upset but didn’t know what to say without opening the flood gates.”*

*“I wish the patient had voiced that concern earlier in the visit.*

*We didn’t have time to discuss it properly.”*

*“How could I have brought closure to this visit sooner?*

*I had so many other patients to see.”*



Do you ever find it hard to  
communicate with patients,  
especially in the face of serious or  
life-threatening illness?

Do you worry how it may be  
affecting their care and recovery?

You may find this program useful.

With effective communication  
and time management strategies  
for both you and your patients,  
it can help you provide even better  
health care and build a more  
efficient practice.

Now there is proof that good  
communication leads to a better health  
outcome for patients. The bonus is that it  
also means more job satisfaction for  
doctors.

## Did you know?

Average number of seconds a doctor waits before interrupting a patient's description of the problem . . . . . 18

Average number of seconds a patient spends describing their problem when not interrupted<sup>1</sup> . . . . . 90

Percentage of patients' concerns about their problems that are not elicited by doctors . . . . . 45

Percentage of psychosocial and psychiatric problems that are missed by doctors . . . . . 50

Percentage of visits during which patient and doctor do not agree on the nature of the problem . . . . . 50

## Did you also know?

Patients' most common complaint is lack of information from their doctors.

Most official complaints to the Colleges of Physicians and Surgeons can be attributed to communication issues rather than competency issues.

## Good communication can enhance health outcomes.

Of all the places where good communication is important, a doctor's office has to be high on the list. Getting the patient to accurately describe their problems is key to effective care. And making sure they clearly understand their treatment options and personal action plan is essential for a successful outcome.

But recent reviews of peer-reviewed evidence<sup>2</sup> confirm that effective communication can accomplish much more.

The very act of letting the patient discuss their problems fully in an encouraging and supportive environment can actually *improve recovery from physical and emotional problems, and enhance psychological recovery.*

And contrary to what some might think, investing the time to understand each other can actually make a practice more efficient, by preventing unnecessary phone calls, visits and treatments down the line.

Ultimately, this may result in improved outcomes for the entire health care system — *better care, more satisfied patients and significant savings in health care costs.*

1. H.B. Beckman, and R.M. Frankel. 1984. The effect of physician behaviour on the collection of data. *Annals of Internal Medicine* 101: 692-696.

2. M.A. Stewart. 1995. Effective physician-patient communication and health outcomes: a review. *CMAJ* 152(9): 1423-1433.



## Studies show:<sup>3,4</sup>

**Doctors** feel more satisfied when dealing with concrete issues of examination and treatment, and tend to see the interview as the wrong time and place for 'social interaction.'

**Patients** feel more satisfied when they can discuss their problems fully with an empathic doctor.

**The result** of these contrasting communication styles can be unintentional misunderstandings that reduce patient adherence, increase anxiety, and even lead to complaints.

## Good communication goes both ways.

Good communication is a *dynamic two-way dialogue* between doctor and patient. It is each paying attention to what the other person says and how they react, making a sincere attempt to understand each other, and getting on the same wavelength from the start.

That way, everyone benefits. The doctor knows the patient's concerns that affect treatment decisions. The patient knows the information to provide for accurate assessment. They both avoid misinformation, and save time by anticipating and responding to each other's needs.

Above all, they establish mutual trust and understanding that can reduce anxiety, increase adherence, and build the patient confidence that is a vital factor in care.

## Communication skills can be learned, and improved.

It is often believed that good communicators are born, not made. But recent studies show that the ability to talk and listen more effectively can be easily learned, by both doctors and patients.

While medical school curricula have paid little attention to communication skills training in the past, graduate and residency programs now recognize it as a clinical skill and require it for accreditation.

For doctors already in practice, this program and other resources are designed to fill the gap. The waiting room material provided will help your patients communicate more effectively with you. This brochure and a variety of training programs<sup>5</sup> available will help you enhance your own skills.



3. H.R. Winefield and T.G.C. Murrell. 1992. Verbal interactions on general practice: information, support and doctor satisfaction. *Med. J. Australia* 157: 677-682.

4. Levinson W, D.L. Roter, J.P. Mullooly, et al. 1997. Physician-patient communication: the relationship with malpractice claims among primary care physicians and surgeons. *JAMA* 277(7): 553-559.

5. Including Health Canada's Talking Tools I and Talking Tools II, and The Bayer Institute program. For further educational programs please contact your local Department of CME.

## *“We find these are key to a successful consultation.”*

Here are some of the communication elements that your colleagues and the experts have recommended for a positive patient interview. Perhaps you can add others of your own.

1. **A warm personal greeting.** Before the consultation begins, engage in brief small talk and ask a personal question or two.
2. **Purpose of the visit.** Ask the patient to briefly describe why they came to see you, what they hope to accomplish during the visit, and their two or three most pressing questions or concerns. Plan to answer these concerns by the end of the visit or, if required, schedule another appointment.
3. **Facilitative listening.** Invite the patient to fully describe their condition, as well as their feelings and opinions. Encourage communication with positive body language (such as leaning forward, keeping eye contact, nodding your head) and avoid negative gestures (such as tapping your pen or looking at your watch). Keeping in mind the patient will only talk for a minute or two, let them finish without interruption.
4. **A total accurate picture.** Without interrupting the patient, ask questions to find out more or to make sure you are interpreting correctly. Explore the patient's own beliefs about what is wrong, as well as family, work and lifestyle concerns that may affect their treatment decisions. Paraphrase the patient's words to ensure mutual understanding. Finish with open-ended questions such as *“Is there anything else you have experienced that may be relevant?”*



- 5. Clear explanations.** During an examination or procedure, explain what you are doing and why. When discussing diagnosis and treatment options, use clear and simple language, avoiding 'loaded' medical or surgical terms that can increase anxiety. Invite questions and ask the patient to repeat what you have said in their own words. It may help to draw a sketch to show the condition, treatment or tests. It is a good idea to provide a written list of your recommendations, and have copies of printed material for those who want to know more.
- 6. Emotional support.** With serious, chronic or terminal illness, watch for the complexity of emotions and handle them with care. Be sensitive to the patient's voice, facial expressions and body language (such as fidgeting or avoiding eye contact). If you see anxiety, acknowledge it. Show empathy with verbal and non-verbal gestures that reflect and validate the patient's feelings. Then help them regain control by exploring the specific causes of distress and solutions that might help (see next section).
- 7. Referral network.** Don't try to do everything. Refer to other caregivers if a patient needs a support group, emotional counselling for themselves and their families, or other specialized services and information.
- 8. Recap.** Before the patient leaves, make sure you have answered their major questions and concerns, and that they clearly understand next steps (who does what and when).

## *“Respect the patient’s right to choose.”*

It has been shown that adherence and health outcomes are improved when doctor and patient both agree on a treatment plan. Here is a step-by-step procedure that doctors and patients have found helpful in reaching that agreement:

- 1. Provide treatment options.** Where possible, give the patient several solutions to choose from, and encourage them to suggest other options for discussion.
- 2. Compare the options.** Objectively analyze the pros and cons of the different solutions.
- 3. Explore the patient’s concerns.** Ask the patient how they feel about the different solutions. Is one too complex or inflexible for their lifestyle? Does another have worrisome side effects? Is a past experience causing needless (or understandable) anxiety? What physical, emotional or social concerns will affect their decision?
- 4. Agree on a solution.** Have the patient share the decision making to arrive at a mutually acceptable solution. Make sure you share a similar understanding of the treatment protocol and expected results.
- 5. Clarify next steps.** Develop a game plan for implementing the solution, including who does what and when.
- 6. Evaluate the results.** Review the patient’s progress together and, if required, try another solution. Be honest. Don’t falsely praise or compliment a patient’s progress or prognosis.

## *“Try to understand the patient’s perspective.”*

Patients’ reasons for resisting treatment are personal and complex. They can involve fear and uncertainty, powerlessness, hopelessness, even denial. Instead of trying to ‘talk them into it,’ many doctors find it helps to reduce the patient’s anxiety by supporting them with:

1. **Acceptance and respect.** Let the patient talk without interruption, and accept their concerns as valid. Try not to contradict or analyze, order, threaten or moralize (e.g., *“You should take this therapy for your family’s sake”*).
2. **Personal choice and control.** Talk with the patient about the treatment options available, and make it clear that the final decision is theirs. Nothing will be done without their consent.
3. **Time to think.** A patient who has just received a serious diagnosis may not be able to take in all the options and explanations. Acknowledge that they will have questions and probably want to talk with family and friends. Invite them to discuss the options with other physicians — even get a second opinion if it is feasible and makes them feel more comfortable — then come back and see you when they have had time to think.
4. **Confidence about next steps.** Make sure the patient understands and feels comfortable with what you expect them to do next. If required, accompany them to reception to set another appointment.

## Good communication is time well spent.

When your consultation schedule is tight and time with each patient is limited, it may seem impossible to squeeze in the communication techniques we have discussed.

But it *is* worth it to make the effort. Remember that it only takes about 90 seconds to let the patient have their say, and very little more to respond with sensitivity and compassion.

Investing these few extra minutes now can save time later — by reducing the number of patients who make repeat calls and visits (or even end up in hospital) because they did not understand or agree with their treatment plans.

And as with any skill, practice and training will make you more efficient at getting the information you need, and providing the clarity and support the patient needs to feel comfortable with the treatment decision.

When the result is better care, improved health outcomes and a more efficient practice, time to talk is always time well spent.

A 1986 study<sup>6</sup> showed that patients who felt they had discussed their headaches fully with doctors were three times more likely to have recovered after a year than those who did not.

6. Headache Study Group of the University of Western Ontario. 1986. Predictors of outcome in headache patients presenting to family physicians - a one-year prospective study. *Headache J.* 26: 285-94.

## **Add the strength of your own experience.**

Here is a strategy you might like to use to analyze and refresh your communication skills:

1. With your patients' permission, consider audio-taping a few consultations.
2. Review them to see what worked well or what could have been done better.
3. Add some of the techniques in this brochure and see if it makes a difference to the outcome of your sessions.

## **Consider refreshing your skills with training.**

If you are interested in learning more about Health Canada's *Talking Tools* series, or would like to request additional copies of this brochure, please write to:

Adult Health Division, 1910C1,  
Tunney's Pasture, Ottawa Ontario, K1A 1B4  
or access our website at: [www.adulthealth.com](http://www.adulthealth.com)



## Additional Reading.

Beckman H.B., and R.M. Frankel. 1984.

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Silverman, J., S. Kurtz, and J. Draper. *Skills for Communicating with Patients.* Radcliffe Medical Press, 1998.

Stewart, M., J.B. Brown, W. Weston, et al. *Patient-Centre Medicine: Transforming the Clinical Method.* Thousand Oaks, CA: Sage Publications, 1995.

Stewart, M.A. 1995. *Effective physician-patient communication and health outcomes: a review.* CMAJ 152(9): 1423-1433.

## Notes

*Our mission is to help the people of Canada  
maintain and improve their health.*

*Health Canada*

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K1A 0K9

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Published by authority of the Minister of Health

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of Public Works and Government Services Canada, 2000

H39-517/3-1999 E  
ISBN: 0-662-28288-4